PRINTED: 12/28/2015 FORM APPROVED

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING FCL091015 12/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1421 ROSS MILL ROAD HOUSE OF BLESSINGS FAMILY CARE HOME HENDERSON, NC 27537 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report by Paul Dixon DHSR Construction Section conducted a Biennial Survey on December 9, 2015 from 2:55 PM to 4:05 PM at the above referenced facility. DHSR records indicate the home was first licensed on June 24, 2014 as a Family Care Home for five (5) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, the 2012 North Carolina State Building Code - Section 425.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows: C 147 Outside Entrances/Exits-Single Hand Motion C 147 SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: Observations during the survey showed that the facilities evacuation plan shows the 3rd means of egress is through the laundry room. The laundry room door has locking hardware. Either modify your emergency exit plan to eliminate the laundry room exit as a means of egress and provide

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL091015	B. WING		12/0	9/2015
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
1421 ROSS MILL ROAD						
HOUSE OF BLESSINGS FAMILY CARE HOME HENDERSON, NC 27537						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	LD BE COMPLETE	
C 147	Continued From page 1		C 147			
	DHSR Construction with an updated egress plan, or install single hand motion hardware on the laundry room door and post an exit sign on the door. Provide the DHSR Construction section with copies of all work orders, photographs and any other supporting documentation concerning this repair.					
C 148	148 Outside Entrances/Exits-Free of Obstructions					
	AND EXITS (e) All entrances/e obstructions or impo	outside entrance exits shall be free of all ediments to allow for full of fire or other emergency.				
	1. Observations du the laundry room ex can on the landing i door. Have the tras landing. Provide the with copies of photo	ring the survey showed that at kit stairs, there is a large trash impeding the opening of the sh can removed from the e DHSR Construction section ographs and any other intation concerning this repair.				
	the base of the fron paving stone which grade which presen have the pavers rer so that they are leve					
C 174	Building Equipment	Maintained Safe, Operating	C 174			
	SECTION .0300 - T	HE BUILDING				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ FCL091015 12/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1421 ROSS MILL ROAD HOUSE OF BLESSINGS FAMILY CARE HOME HENDERSON, NC 27537 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 174 Continued From page 2 C 174 10A NCAC 13G .0317 BUILDING SERVICE **EQUIPMENT** (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: Observations during the survey showed that the ceiling fan light fixture in the Dining Room is missing 2 bulbs. Install working light bulbs in the fixture. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair. C 183 C 183 Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: Observations during the survey showed that the screen for the window in Bedroom #3 has fallen out and is leaning against the back of the home. Have the screen re-installed. Provide the DHSR Construction section with copies of photographs and any other supporting documentation concerning this repair.

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